DECLARATION OF EMERGENCY

Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing

Mental Health Rehabilitation

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing is proposing to adopt the following rule in the Medicaid Program as authorized by R.S. 46:153 and pursuant to Title XIX of the Social Security Act and as directed by the 1995-96 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to recertification, preadmission screening, and utilization review, and other measures as allowed by federal law."

The Office of the Secretary, Bureau of Health Services Financing adopted a rule on April 20, 1993 and published in the *Louisiana Register*, Volume 19, Number 4, which established the standards for participation for the Mental Health Rehabilitation Program and the provider reimbursement requirements.

The Department of Health and Hospitals, Office of Mental Health adopted a rule defining adults with serious mental illness and children with emotional/behavioral disorders on September 20, 1994 (*Louisiana Register*, Volume 20, Number 9).

Also the bureau adopted a rule for the Mental Health Rehabilitation Program which requires recipients to meet the definition of serious mental illness as defined by the Office of Mental Health and to be prior authorized to receive services (*Louisiana Register*, November 1995, Volume 21, Number 11).

Subsequently, the department determined that further revisions and amendments to these rules are needed to insure effective delivery of services and to control cost in the Mental Health Rehabilitation Program in accordance with the budget appropriation contained in the General Appropriation Act of the 1995-96 Regular Legislative Session and an emergency rule was adopted on the following provisions and was published in the *Louisiana Register*, Volume 21, Number 11. These revisions and amendments included a change in reimbursement from the unit of service methodology to a flat rate based on the level of need of the recipient. Programmatic revisions to the Mental Health Rehabilitation Program necessitated that the bureau specify the reimbursement was not available to the same Medicaid recipient for both mental health rehabilitation services and optional targeted case management services. Program enhancements required a standardized clinical evaluation which must be completed by professional staff who meet the appropriate criteria. Also, the following revisions to the Mental Health Rehabilitation Program established a single provider agency which required that all current providers of Mental Health Rehabilitation Services are required to meet new standards for continued enrollment in the Medicaid program in addition to adherence to previously published regulations. Providers must apply to the bureau through the Office of Mental Health for a transitional certification to assure continued enrollment until an on-site visit can be conducted by the BHSF or its designee. A notice of intent was published on these provisions in the *Louisiana Register* (Volume 21 Number 12). The following emergency rule continues these provisions in force until adoption of the rule. This action is necessary to avoid a budget deficit in the medical assistance programs and to maintain continued compliance with the General Appropriation Act of the 1995-96 Regular Legislative Session. It is estimated that the continued implementation of these provisions under emergency rulemaking will save the state approximately $22,665,062 for state fiscal year 1995-1996.

Emergency Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has amended the rule entitled Mental Health Rehabilitation adopted April 20, 1993 (*Louisiana Register*, Volume 19, Number 4), by adopting the following provisions governing recipient eligibility, service delivery requirements and reimbursement methodology. All mental health rehabilitation services must be prior authorized by the bureau or its designee prior to the provision of these services.

I. Recipient Eligibility

Recipients must qualify as a member of the target population by meeting the definition of *seriously mentally ill* as defined by rule (*Louisiana Register*, Volume 20, Number 9) and by meeting the medical necessity criteria for mental health rehabilitation services as measured by the *North Carolina Functional Assessment Scale* for adults and the *Child and Adolescent Functional Assessment Scale* for children/youth. The measurement derived from these scales must indicate that the Medicaid recipient has a high need for mental health rehabilitation services as determined by the Office of Mental Health. Providers must include all information essential for a determination of level of need. All Medicaid recipients of mental health rehabilitation services must also meet the level of need required for the specific services they are receiving.

As Medicaid recipients progress in their rehabilitation, services will be authorized and reimbursed at the medium and low levels of care.

The *North Carolina Functional Assessment Scale* provides a rating of the extent to which an adult recipient's mental health disorder is disruptive of functioning in each of six major areas: emotional health, behavior, self/other, thinking, role performance, basic needs, and substance abuse. Each subscale is rated according to explicit criteria, and the scores are summed to obtain a total functional assessment score.

The *Child and Adolescent Functional Assessment Scale* provides a rating of the extent to which a child/adolescent recipient's mental health disorder is disruptive of functioning in each of five major areas: moods/self-harm, behavior toward others, thinking, role performance, and substance abuse. Two additional subscales assess the extent to which the youth's care giver is able to provide for the needs and support of the youth. Each subscale is rated according to explicit criteria, and the scores are summed to obtain a total functional assessment score for both the child and the care giver.

II. Provider Participation

A. The enrolled mental health rehabilitation provider or case management provider must apply to the BHSF through the Office of Mental Health for transitional certification as a mental health rehabilitation provider. The enrolled provider has the ultimate responsibility for the delivery of all services, including those delivered through contractual agreement(s). The enrolled provider must meet the following requirements and assurances and submit the information to the regional Office of Mental Health:

1. PE-50 completed after October 1, 1995;
2. disclosure of ownership form completed after October 1, 1995;
3. statement identifying the population to be served: adults with serious mental illness, children with emotional/behavioral disorders or both;
4. r` sum` s of the current mental health rehabilitation program director, the psychiatric director, and all clinical managers, including documentation of licensure;
5. identification of the agency's main office, all offices billing with the main office's Medicaid provider number and all regions in which the agency conducts business;
6. proof of general liability of at least $100,000 and professional liability insurance of at least $300,000. The certificate holder shall be the Department of Health and Hospitals to receive notice of insurance changes;
7. assure that the following requirements are met and/or agreed to as evidenced by completion of the "Request for Mental Health Rehabilitation Transitional Certification" form provided by the BHSF.
   a. assure that the enrolled MHR agency will provide clinical management, the MHR assessment and the MHR service agreement for all recipients served;
   b. have the capacity to provide the full range of services to the full range of recipients served by the Mental Health Rehabilitation Program;
   c. assure that all services provided by the MHR agency or through contractual arrangement are provided in conformity with all applicable federal and state regulations.
   d. assure that all the service delivery staff meets the requirements as specified in the Mental Health Rehabilitation Program Manual.
   e. assure that the enrolled agency and subcontractors will participate in the Mental Health Rehabilitation data system and provide data on a weekly basis to the Medicaid office or its designee;
   f. assure that the enrolled agency will meet all new certification and enrollment standards as required by the Bureau of Health Services Financing by July 1, 1996 or by the on-site certification visit which is not to occur prior to May 1, 1996. Compliance with the new certification enrollment standards is required by the first occurrence of either of these two events.

B. The enrolled MHR agency must submit the "Request for Mental Health Rehabilitation Transitional Certification" to the regional Office of Mental Health. If the enrolled agency fails to meet the standards or does not submit the proper documentation, the agency will not be authorized to bill for services delivered after October 31, 1995. Those agencies that have submitted applications for enrollment to the BHSF prior to October 31, 1995, but have not received a Medicaid provider number may also apply for transitional certification by following the guidelines outlined above. Agencies applying for enrollment after October 31, 1995 will have to meet all licensing requirements, current enrollment requirements, participate in an on-site visit by the regional Office of Mental Health and meet the transitional certification requirements.

C. Enrolled case management agencies may also be eligible for transitional certification as a mental health rehabilitation provider by applying for transitional certification through the regional Office of Mental Health. The agency must meet the standards for transitional certification and submit the "Request for Mental Health Rehabilitation Transitional Certification" to the regional Office of Mental Health no later than the close of business January 31, 1996. The agency will not be considered an enrolled MHR agency until the approval of the transitional certification has been granted.

D. Transitional certification for those agencies who meet the requirements outlined above will be effective until July 1, 1996 or until the on-site certification process is completed, whichever occurs first.

III. Administrative Requirements

A. Psychiatric Director. Each agency is required to have a licensed psychiatrist on staff as the psychiatric director. The director is required to provide a minimum of two hours of on-site clinical supervision/consultation per month for every 10 recipients.

B. Clinical Manager. Each agency is required to have a clinical manager. The clinical manager is a licensed mental health professional who is responsible for an identified caseload. The clinical manager must be an employee of the mental health rehabilitation agency. The clinical manager provides ongoing clinical direction. The clinical manager must provide the following minimum requirements for clinical management:

1. The clinical manager must have one face-to-face contact with the adult recipient or two face-to-face contacts with the child and family every 30 days.
2. The clinical manager must provide at least five hours of clinical management for adults and 12 hours of clinical management for children during each 90-day action strategy period.
3. The clinical manager must document at least two contacts with other community providers or significant others each month.
4. The clinical manager must provide lead responsibility for the MHR assessment team.
5. The clinical manager must provide lead responsibility for development and oversight of the MHR agreement.
6. The clinical manager must assure that all activity plans are developed and implemented.
7. The clinical manager must write the Quarterly Summary Progress Report.
8. The clinical manager provides oversight and access and coordination of all services for the MHR recipient. This includes but is not limited to the provision of the following:
    a. assurance of active recipient involvement in all aspects of care;
    b. coordination and management of all services provided through the MHR agency;
    c. access and coordination of services provided through non-MHR agencies.

C. Staffing Definitions

1. *Mental Health Service Delivery Experience* —mental health service delivery experience at the professional or paraprofessional level delivered in an organized mental health or psychiatric rehabilitation setting such as a psychiatric hospital, day treatment or mental health case management program, or community mental health center. Evidence of such service delivery experience must be provided by the agency in which the experience occurred.
2. *Supervised Experience*—experience supervised by a mental health professional is mental health services provided under a formal plan of supervision documented by a plan of professional supervision. Evidence of such supervised experience must be provided by the supervising professional and/or agency in which the supervision occurred.
3. *Core Mental Health Disciplines*—academic training programs in psychiatry, psychology, social work, and psychiatric nursing.
4. *Mental-Health-Related Field*—academic training programs based on the principles, teachings, research and body of scientific knowledge of the core mental health disciplines. To qualify as a related field there must be substantial evidence that the academic program has a curriculum content in which at least 70 percent of the required courses for graduation are based on the knowledge base of the core mental health disciplines. Programs which may qualify include but are not limited to sociology, criminal justice, nursing, marriage and family counseling, rehabilitation counseling, psychological counseling, and other professional counseling.
5. *Licensed Mental Health Professional*—an individual qualified to provide professional mental health services. A LMHP is one who meets one of the following education and experience requirements:
    a. a physician who is duly licensed to practice medicine in the state of Louisiana and has completed an accredited training program in psychiatry; or
    b. a psychologist who is licensed as a practicing psychologist under the provisions of state law; or
    c. a social worker who holds a master's degree in social work from an accredited school of social work and is a board-certified social worker under the provisions of R.S. 37:2701-2718; or
    d. a nurse who is licensed to act as a registered nurse in the state of Louisiana by the Board of Nursing, and is a graduate of an accredited master's level program in psychiatric nursing plus two years of post-masters, supervised experience in mental-health-related field; or has a master's degree in nursing or a mental-health-related field plus two years of post-master's, supervised experience in the delivery of mental health services; or has a bachelor's degree in nursing plus four years of post-bachelor's degree, supervised experience in the delivery of mental health services; or
    e. a licensed professional counselor who is licensed as such under the provision of state law plus two years supervised experience in the delivery of mental health services post-master's degree.

IV. The Mental Health Rehabilitation Assessment

The mental health rehabilitation assessment for children/youth and mental health rehabilitation assessment for adults includes an initial MHR assessment and one update, development of an initial service agreement and one update of the service agreement.

A. The MHR assessment is a comprehensive, integrated series of assessment procedures conducted largely in the recipient's or his family's daily living environments to determine strengths and needs with regard to functional skills and environmental resources that will enable the mental health rehabilitation recipient to attain a successful and satisfactory community adjustment. The assessment and service agreement must be submitted in the format and utilize the protocols defined by the Office of Mental Health.

B. Assessment procedures at a minimum include but are not limited to the following:

1. review of the standardized clinical evaluation(s) and other pertinent records;
2. face-to-face strengths assessment with the recipient or child/family which must be completed by the clinical manager. The strengths assessment must be in the format defined by the Office of Mental Health;
3. key informant interview(s) (for example: family member, teacher, friend, employer, job coach). For children an interview with the teacher is required;
4. observation(s) in natural settings(s) (for example: home, school, job site, community). For children an observation in the home and school is required;
5. interview by licensed physician to assess past history of all medications and current medication, specifying issues of polypharmacy and untoward responses;
6. standardized functional assessment scale;
7. integrated summary and prioritized strengths/need list must be organized by the life areas;
8. update of the MHR assessment.

C. The assessment team must include the clinical manager and a licensed physician, at a minimum. Other professionals and paraprofessionals are included as indicated by recipient/family need.

D. The standardized clinical evaluation submitted by providers for prior authorization of mental health rehabilitation services (MHR) must meet the following criteria. The standardized clinical evaluation must be completed by either a Louisiana licensed (1) board-certified social worker and a board-certified or board-eligible psychiatrist or licensed psychologist; or (2) board-certified or board-eligible psychiatrist; or (3) licensed psychologist. This evaluation must include a face-to-face interview with the recipient by all professionals signing the evaluation and must provide detailed descriptive information about the recipient's functional status in life areas as defined by the Office of Mental Health. The information must be submitted on the Standardized Clinical Evaluation form which is available through the regional offices of mental health. Key symptoms and functional behaviors are to be identified in sufficient detail so that the impact on the consumer's functioning can be judged independently by an outside reviewer.

V. The Mental Health Rehabilitation Service Agreement

The service agreement is a written document which identifies the goals, objectives, action strategies and services which have been agreed to by the MHR agency and the adult recipient or the child and family. The service agreement must be based on the mental health rehabilitation assessment and must address at least two life areas. The agreement is to be submitted in the format defined by the Office of Mental Health and must be approved by the Office of Mental Health prior to the delivery of services. The service agreement is developed by a team which at a minimum consists of the clinical manager, a physician, and the recipient or the child and family. The clinical manager has lead responsibility for oversight of the process.

VI. Service Package

A service package is a defined range of interventions appropriate for a determined level of need for care (high, medium and low). The service packages are derived from the following menu of services:

clinical management;
individual intervention (child/youth only);
supportive counseling (adults only);
parent/family intervention (child/youth only);
group counseling;
medication management;
behavior intervention plan development (child/youth only);
individual psychosocial skills training;
group psychosocial skills training;
service integration.

The individualized mix of services for any individual is specified on the 90-day action strategy of the MHR service agreement. The MHR service agreement is derived from the MHR assessment.

VII. Reimbursement

Reimbursement is made by a prospective, negotiated and noncapitated rate based on the delivery of services as specified in the service agreement and the service package as required for the adult and child/youth populations.

Adult assessment/service agreement	$ 700
Child/youth assessment/service agreement	$ 800

The MHR assessment/service agreement is reimbursed based on the approval of a MHR assessment and MHR service agreement and is paid semiannually.

Adult: Child/Youth:

High need	$1,300	High need	$1,375
Medium need	$ 550	Medium need	$ 800
Low need	$ 250	Low need	$ 250

Services are reimbursed based on services specified in the 90-day action strategy plan and are paid monthly contingent upon the delivery of 80 percent of the prorated 90-day services approved in the MHR service agreement. As Medicaid recipients progress in their rehabilitation services and the level of need decreases, services will transition from the high to medium and/or low level of need. Reimbursement will be made in the amounts specified above for the medium and low levels of need as determined by the bureau or its designee.

Reimbursement for the delivery of services under the Mental Health Rehabilitation Program and Optional Targeted Case Management Program is not provided to the same Medicaid recipient.

VIII. Crisis Services

The MHR provider is required to maintain a 24-hour on-call system with the capacity to provide 24-hour face-to-face services. With respect to a psychiatric emergency, the MHR physician must first screen the recipient and determine if referral to the Office of Mental Health Crisis Response System is warranted. The format for screening and referral is defined by the Office of Mental Health.

Bobby P. Jindal
Secretary

9602#026